

**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Nelson for Re-election Committee

**IMPORTANT:** Indicate type of committee you are reporting for: ☒ 4

( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee  
( 8 ) Support Slate of Candidates

**CANDIDATE COMMITTEES ONLY:**

Candidate Name \_\_\_\_\_ Political Party \_\_\_\_\_  
Don Neslon \_\_\_\_\_  
Office Sought \_\_\_\_\_ District (if Senate or House) \_\_\_\_\_  
Mason City City Council \_\_\_\_\_

**FORM**  
**DR-2**

(Rev. 07/2003)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

OCT 30 2003

10/27/03

Blair L. Rudy  
**SIGNATURE OF TREASURER** (or person filing this report)

641-423-4855  
**TELEPHONE**

10/27/03  
**DATE SIGNED**

**Late filed reports are subject to possible civil and criminal penalties.**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A 10/30/03 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date)

Indicate one ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election  
November 4, 2003

County & Local Committees, enter County in  
which Election is held  
Cerro Gordo

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ..... \$

0

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

1745.98

Schedule F: Loans Received total (Attach Schedule F) .....

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

0

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** ..... \$ 1745.98

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below) ....

1352.11

Schedule F: Loan Repayments total (Attach Schedule F) .....

0

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) ..... \$

393.87

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$

**CANDIDATE COMMITTEES ONLY:**

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

☐ YES ☐ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$



For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Nelson for Re-Election Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/14/03	ID# CK#	Don Nelson 1469 9th St SE Mason City, IA		\$200.00	<input type="checkbox"/>
10/06/03	ID# CK#	Peter Children Box 1586 Mason City, IA		\$100.00	<input type="checkbox"/>
10/02/03	ID# CK#	Chris Launitsen 1219 S Virginia Mason City, IA		\$100.00	<input type="checkbox"/>
09/30/03	ID# CK#	Dale Arnold 65 Granit Court Mason City, IA		\$50.00	<input type="checkbox"/>
10/01/03	ID# CK#	Anne Cameron 56 Country Circle Mason City, IA		\$50.00	<input type="checkbox"/>
10/09/03	ID# CK#	Leonard Foster Box 564 Mason City, IA		\$50.00	<input type="checkbox"/>
09/30/03	ID# CK#	James Kantaris 404 22nd SE Mason City, IA		\$50.00	<input type="checkbox"/>
09/30/03	ID# CK#	John Stone 213 S Kentucky Mason City, IA		\$50.00	<input type="checkbox"/>
10/20/03	ID# CK#	Sue Ellen Sumners 1710 Glen Moor Parkway Lakewood, Colorado	Sister-in-law	\$50.00	<input type="checkbox"/>
10/06/03	ID# CK#	Rose Campbell 470 Tennessee Place Mason City, Iowa	Aunt	\$30.00	<input type="checkbox"/>

SUB-TOTAL

\$ 730.00

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)



For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Nelson for Re-Election Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/17/03	ID# CK#	Mary & Allen Myklestad 1103 Brentwood Dr Mason City, IA		\$30.00	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions		\$985.98	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1015.98

**TOTAL (if last page of this schedule)**

\$ 1745.98

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Page 2 of 2  
(for Schedule A)



FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Nelson for Re-election Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/09/03	ID# CK#1001	Staples Mason City, IA	Printer Cartridge	\$ 32.07
10/10/03	ID# CK#1002	Don Nelson 1469 9th St SE Mason City, Iowa 50401	Postage, Printing, Envelopes, Copies	674.51
10/13/03	ID# CK#1003	Post Master Mason City	Postage	611.80
10/20/03	ID# CK#1004	Don Nelson 1469 9th St SE Mason City, Iowa 50401	Postage, Printing, Copies	33.73
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1352.11
TOTAL (if last page of this schedule)				\$ 1352.11

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

Page 1 of 1

(for Schedule B)



**DISCLOSURE SUMMARY PAGE****COMMITTEE NAME** (Must be same as on Statement of Organization)*Nelson for Re-election Committee***IMPORTANT:** Indicate type of committee you are reporting for: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

NOV 25 2003

( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee  
( 8 ) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Don Nelson

Political Party

Office Sought

Mason City City Council

District (if Senate or House)

**FORM****DR-2**

(Rev. 07/2003)

DISCLOSURE

REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

**SIGNATURE OF TREASURER** (or person filing this report)**TELEPHONE****DATE SIGNED****Late filed reports are subject to possible civil and criminal penalties.****SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A 11/23/03 (report date) REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.Indicate one ☐ 1 ☐ 2☒ CHECK IF AMENDMENT TO REPORT DATED 10/30/03☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)Local Committees, enter Date of Election  
November 4, 2003County & Local Committees, enter County in  
which Election is held  
Cerro Gordo**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

393.87

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

271.22

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)**SUB-TOTAL** .....\$ 665.09**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

665.09

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

0

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

0

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

0


**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0

**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☐ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$



Search | Sales | Banker Toolbox | Administration | Main | Sign Off  Customer List (0) |

# Account

**NELSON FOR RE-ELECTION COMMITTEE , BLAIR L BRODY**

**Basic Business Checking 2398795738**

NOV 25 2003

Bank 00001

[Detail](#) | [Address](#) | [History](#)

## Checking/Savings Account History

Se

Tax Responsible Customer	NELSON FOR RE-ELECTION COMMITTEE	Sc
Additional Customers	BLAIR L BRODY	Si
Account TIN	Not on File	
Ledger Balance	\$0.00	
Available Balance	\$0.00	

Date	Description	Check Number	Amount
11/12/03	Payoff Debit, Interest Without Fee		
11/07/03	Check	1005	508.52
11/06/03	Deposit		+ 25.00
11/03/03	Deposit		+ 50.00
10/27/03	Deposit		+ 45.00
10/24/03	Monthly Service Fee		5.35
10/24/03	Deposit		+ 90.00
10/22/03	Check	1004	33.73
10/20/03	Deposit		+ 75.00
10/17/03	Deposit		+ 125.00
10/16/03	Check	1003	611.80
10/16/03	Deposit		+ 30.00
10/14/03	Check	1001	32.07
10/14/03	Check	1002	674.51
10/14/03	Deposit		+ 35.00
10/14/03	Deposit		+ 225.00
10/10/03	Deposit		+ 45.00
10/09/03	Deposit		+ 70.00
10/08/03	Deposit		+ 40.00
10/06/03	Deposit		+ 20.00
10/06/03	Deposit		+ 155.00
10/03/03	Deposit		+ 45.00
10/02/03	Deposit		+ 115.00
10/01/03	Deposit		+ 145.00
09/30/03	Deposit		+ 259.98
09/29/03	Checking Opening Deposit		+ 271.00



For Instructions, See Back of Form

NOV 25 2003

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Neslon for Re-Election Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/26/03	ID# CK#	Unitemized Contribution		\$45.00	<input type="checkbox"/>
11/01/03	ID# CK#	Unitemized Contribution		\$50.00	<input type="checkbox"/>
11/01/03	ID# CK#	Don Nelson 1469 9th St SE Mason City, Iowa 50401		\$151.22	<input type="checkbox"/>
11/06/03	ID# CK#	Unitemized Contribution		\$25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

**TOTAL (if last page of this schedule)**

\$  
\$ 271.22

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)



FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Nelson for Re-Election Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/24/03	ID# CK#	Wells Fargo Bank	Bank Checking Charge	\$ 5.35
10/24/03	ID# CK#	LeDoux Signs	Signs	\$185.54
10/23/03	ID# CK#	US Postal Service	Postage Stamps	\$14.80
10/31/03	ID# CK#	HyVee	Postage Stamps	\$29.60
10/31/03	ID# CK#	Drugtwn	Copies	\$4.80
11/01/03	ID# CK#	Globe Gazette Newspaper	Inserts	\$425.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 665.09

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.6(3)(i).)

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(for Schedule B)